

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Michael Anthony Pugel; Douglas Edward Lankford;  
John Joseph Curtis; Keith Reynolds Wehmeyer;  
Mike Arthur Derrenberger; Terry Wayne Lockridge;  
Andrew Eric Bowyer

Serial No. : 10/549,258

Int'l Appln. No. : PCT/US04/07199

Int'l Filing Date : 09 March 2004

For : APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS  
BY DOWN-CONVERTING TO VACANT CHANNELS

RECEIVED

27 JUL 2006

Legal Staff  
International Division

ATTENTION: PCT RECEIVING OFFICE

FILING OF MISSING REQUIREMENTS OF APPLICATION -  
RESPONSE TO NOTICE TO FILE MISSING PARTS

MAIL STOP PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Attn: Examiner Bryan Tung, PCT Legal Office

Sir:

This is further to the telephone conversation between Ms. Davida Fornarotto (Paralegal) and the Examiner Bryan Tung on July 27, 2006, concerning the Communication stamped with the date of June 6, 2006, relating to the above-identified application. Applicants hereby submit a complete copy of the Declaration, as requested.

Please charge the following fees to Deposit Account No. 07-0832:

1) A surcharge of \$130.00 required under 37 CFR 1.497(a) and (b) for filing the Declaration on a date later than the appropriate 30 months from the priority date (37 CFR 1.492(e)).

Please charge any additional fees and credit any overpayments to Deposit Account No. 07-0832. A duplicate copy of this letter is enclosed for use in charging the deposit account.

Respectfully submitted,  
Michael Anthony Pugel  
Douglas Edward Lankford  
John Joseph Curtis  
Keith Reynolds Wehmeyer  
Mike Arthur Derrenberger  
Terry Wayne Lockridge  
Andrew Eric Bowyer

*Catherine A. Ferguson*  
Catherine A. Ferguson  
Registration No. 40,877  
609/734-6440

THOMSON Licensing Inc.  
PO Box 5312  
Princeton, NJ 08543-5312  
DATE: *July 27, 2006*  
(Letter In Duplicate)

EXPRESS MAIL EV 913277035US  
Serial No. 10/549,258

PATENT  
PU040067

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Catherine A. Ferguson  
Registration No. 40,877  
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Princeton, NJ 08543-5312  
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EXPRESS EV 913277035US

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PTO/SB/01 (10-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☐ Declaration Submitted With Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

PU040067

First Named Inventor

Michael Anthony Pugel  
et al.**COMPLETE IF KNOWN**

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/453,491 60/453,763	03/11/2003 03/11/2003	

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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## DECLARATION — Utility or Design Patent Application

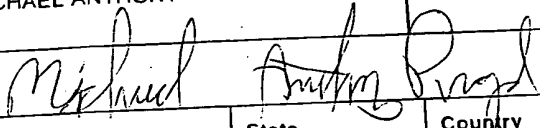
Direct all correspondence to: ☒ Customer Number or Bar Code Label 24498 OR ☐ Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	Thomson Licensing Inc.		
Address	PO Box 5312		
City	State	ZIP	
PRINCETON	NJ	08543-5312	
Country	Telephone	Fax	
USA	609-734-6813	609-734-6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

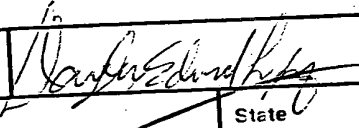
Given Name	MICHAEL ANTHONY		Family Name or Surname	PUGEL
Inventor's Signature			Date	6-23-02
Residence: City	State	Country	Citizenship	
NOBLESVILLE	INDIANA	US	US	

Mailing Address

Mailing Address	20925 Creek Road		
City	State	ZIP	Country
Noblesville	Indiana	46060	US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name	DOUGLAS EDWARD		Family Name or Surname	LANKFORD
Inventor's Signature			Date	6-29-04
Residence: City	State	Country	Citizenship	
CARMEL	INDIANA	US	US	

Mailing Address

Mailing Address	5256 Cheyenne Moon		
City	State	ZIP	Country
Carmel	Indiana	46033	US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

## DECLARATION

## ADDITIONAL INVENTOR(S)

## Supplemental Sheet

Page 1 of 2

Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
JOHN JOSEPH				CURTIS, JR.	
Inventor's Signature <i>John Joseph Curtis Jr.</i>				Date 6/28/04	
Residence: City	NOBLESVILLE	State	INDIANA	Country	US
Mailing Address					
Mailing Address 121 Scarborough Circle					
City	Noblesville	State	Indiana	ZIP	46060
				Country	US
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
KEITH REYNOLDS				WEHMEYER	
Inventor's Signature <i>Keith Reynolds Wehmer</i>				Date 7/2/04	
Residence: City	FISHERS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 6411 Columbia Circle					
City	Fishers	State	Indiana	Zip	46038
				Country	US
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
MIKE ARTHUR				DERRENBARGER	
Inventor's Signature <i>Mike Arthur Derrenbarger</i>				Date 6/25/2004	
Residence: City	FISHERS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 11721 River Ridge Drive					
City	Fishers	State	Indiana	Zip	46038
				Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

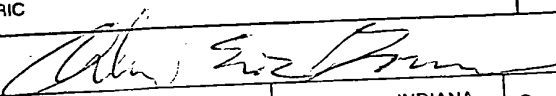
If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

## DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
TERRY WAYNE				LOCKRIDGE	
Inventor's Signature				Date	
Residence: City	DAYTON	State	OHIO	Country	US
Mailing Address					
Mailing Address 5478 Grantland Drive					
City	Dayton	State	Ohio	ZIP	45429
Country				US	
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
ANDREW ERIC				BOWYER	
Inventor's Signature 				Date 6/24/04	
Residence: City	INDIANAPOLIS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 8767 Shelbyville Road					
City	Indianapolis	State	Indiana	Zip	46259
Country				US	
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		Zip	
Country					

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	PU040067
	<b>First Named Inventor</b>	Michael Anthony Pugel et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<input type="checkbox"/> Declaration Submitted With Initial Filing	<b>OR</b>	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR DISTRIBUTING SIGNALS**

the specification of which (Title of the Invention)

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24498	OR	<input type="checkbox"/> Correspondence address below
<b>Name</b>	JOSEPH S. TRIPOLI				
<b>Address</b>	Thomson Licensing Inc.				
<b>Address</b>	PO Box 5312				
<b>City</b>	PRINCETON		<b>State</b>	NJ	
			<b>ZIP</b>	08543-5312	
<b>Country</b>	USA		<b>Telephone</b>	609-734-6813	
			<b>Fax</b>	609-734-6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b>	MICHAEL ANTHONY		<b>Family Name or Surname</b>	PUGEL	
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>	NOBLESVILLE		<b>State</b>	INDIANA	
			<b>Country</b>	US	
<b>Citizenship</b> US					
<b>Mailing Address</b>					
Mailing Address 20925 Creek Road					
<b>City</b>	Noblesville		<b>State</b>	Indiana	
			<b>ZIP</b>	46060	
			<b>Country</b>	US	
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b>	DOUGLAS EDWARD		<b>Family Name or Surname</b>	LANKFORD	
<b>Inventor's Signature</b>					<b>Date</b>
<b>Residence: City</b>	CARMEL		<b>State</b>	INDIANA	
			<b>Country</b>	US	
<b>Citizenship</b> US					
<b>Mailing Address</b>					
Mailing Address 5256 Cheyenne Moon					
<b>City</b>	Carmel		<b>State</b>	Indiana	
			<b>ZIP</b>	46033	
			<b>Country</b>	US	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page **2** of **2**

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
JOHN JOSEPH				CURTIS	
Inventor's Signature				Date	
Residence: City	NOBLESVILLE	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 121 Scarborough Circle					
City	Noblesville	State	Indiana	ZIP	46060
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
KEITH REYNOLDS				WEHMEYER	
Inventor's Signature				Date	
Residence: City	FISHERS	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 6411 Columbia Circle					
City	Fishers	State	Indiana	Zip	46038
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
MIKE ARTHUR				DERRENERGER	
Inventor's Signature				Date	
Residence: City	FISHERS	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 11721 River Ridge Drive					
City	Fishers	State	Indiana	Zip	46038
				Country	US

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**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 2 of 2

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
TERRY WAYNE				LOCKRIDGE	
Inventor's Signature <i>x Terry Wayne Lockridge</i>				Date <i>x 6/25/04</i>	
Residence: City	DAYTON	State	OHIO	Country	US
Mailing Address					
Mailing Address 5478 Grantland Drive					
City	Dayton	State	Ohio	ZIP	45429
Country				US	
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
ANDREW ERIC				BOWYER	
Inventor's Signature				Date	
Residence: City	INDIANAPOLIS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 8767 Shelbyville Road					
City	Indianapolis	State	Indiana	Zip	46259
Country				US	
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		Zip	
Country					

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$
Mo. Day Year	Scheduled Time of Delivery Month Day <input type="checkbox"/> AM <input type="checkbox"/> PM	Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials

**CUSTOMER USE ONLY**

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. When delivery is to be made without obtaining signature, the addressee must be notified by first-class mail or by electronic means (e-mail, fax, or telephone) and I authorize that delivery and/or a signature consultation was proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Customer Signature	

**FROM: PLEASE PRINT**

PHONE

**TO: PLEASE PRINT**

PHONE

FOR PICKUP OR TRACKING: visit [www.usps.com](http://www.usps.com) or call 1-800-222-1811



EXPRESS MAIL LABEL DATE PM

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